

Independent Resolutions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 04/29/2015

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Physical Medicine And Rehab

Description of the service or services in dispute:

Initial work hardening hours X 10 units total 10 visits
additional work hardening hours X 60 units

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

This patient is a male. On xx/xx/xx, the records indicate that he was moving equipment from upper mounted space while using excessive force in removing the bolts and sustained an unstated injury. Nature of injury per the 1st report of injury or illness was described as a strain to the low back. On 12/19/14, he was seen in the hospital and x-rays of his thoracic spine revealed mild multi-level degenerative spondylosis without acute findings. Plain x-rays of the lumbar spine also dated on 12/19/14 revealed moderate degenerative disc disease at L5-S1 otherwise a normal exam. A 03/05/15 MRI of the lumbar spine revealed advanced degenerative disc disease at the L5-S1 level with loss of height and signal and prominent spurring from the opposing end plates, causing bilateral neuroforaminal stenosis. There was evidence of minimal nerve root contact bilaterally with the left side perhaps a little bit more prominent in magnitude. On 02/17/15, an initial functional capacity evaluation was obtained noting the required job level had a heavy physical demand level and current physical demand level was light. On 03/20/15, a psychological consultation was obtained recommending a multi-disciplinary pain program.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

On 03/31/15, a utilization review determination reported that the requested work hardening was for a non-specific sprain which did not clearly explain presentation. There was no clear documentation of absence of modified duty, progressive return to work plan, and there appeared to be a discrepancy in diagnosis for which the intervention was being requested, as the intervention for the lumbar spine was for a lumbar strain and by assessment the patient had radicular low back pain and decreased sensation in the left L5 distribution. Findings on MRI were age related degenerative changes which did not exclude a contributory cause of chronic low back pain with reported L5 sensory changes in a straight leg raise. The request was non-certified. On 04/07/15, a utilization review determination stated the request was non-certified as the mechanism of injury was not traumatic. The patient was tugging on a bolt. At maximum it was noted a soft tissue strain would have occurred. There was no support for a work hardening for a patient whose lumbar strain occurred 4 months previously and had resolved. It was noted a work hardening programming was not

intended for patients with no identifiable occupational pathology to support ongoing subjective complaints and the alleged level of dysfunction. Therefore the request was non-certified. The submitted records indicate the patient was just pulling on a bolt of some kind when he had his back injury and this would have essentially resolved without sequela with a limited amount of conservative care at a time. The MRI reveals only degenerative disease without acute changes as did the initial plain x-rays of the lumbar spine. While it appears that this patient has significant degenerative changes to the lumbar spine, they do not appear to be significantly changed from the work event itself. As the injury would have resolved without sequela, the records do not support the need for work hardening or extra work hardening. As such, it is the opinion of this reviewer that the original request for initial work hardening hours x 10 units total of 10 units and additional work hardening hours x 60 units is not medically necessary and the prior denials are upheld.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine um
- knowledgebase AHCPH-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- Guidelines European Guidelines for Management of Chronic
- Low Back Pain Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- standards Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment
- Guidelines Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice
- Parameters Texas TACADA Guidelines
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)